



**United States Department of the Interior
Bureau of Land Management
Wyoming State Office
Operating Plan for Big Game Outfitters
And Guides**

Permit # _____
(Agency Use Only)

This operating plan is what BLM uses to decide whether to issue you a permit or not. Once the permit is issued, this plan, along with your compliance with permit stipulations, will be evaluated at the end of the year.

Company Name: _____ Date: _____

Check all items and fill in the blanks with details. If additional space is needed, attach supplemental pages. If a section does not apply, indicate with NA.

1. Company Contact Information: ☐ Individual ☐ Partnership ☐ Corporation

- A. Owner/Partner(s) _____
- B. Phone number where messages are regularly picked-up: (____) _____
- C. Other contact if you are unavailable (emergencies only):
Name: _____ Phone number (____) _____
- D. Do you use an emergency contact device? Yes ☐ No ☐
Radio frequencies used _____
Cell Phone Number (____) _____

2. Company Background Information:

- a. Year this company was established _____ Years with current owner _____
- b. Have you ever been previously permitted for this activity? Yes ☐ No ☐
Permitting Agency: _____ Dates: _____
- c. Have you ever been previously permitted under another name or company owner?
Yes ☐ No ☐
Please provide all previous permit holders: _____
- c. Do you have additional currently held recreation permits? Yes ☐ No ☐
Permitting Agency: _____ Dates: _____

3. Public/Private Land Use Information:

- a. Are you a private land owner or do you have access agreements with private land owner(s)?
Yes ☐ No ☐
If so, please attach a copy(ies) of the warranty deed(s) or access agreement(s).
- b. List all proposed hunt units:
- | Species | Hunt Unit |
|---------|-----------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
- c. Are you proposing to set up temporary facilities, caches, or stages? Yes ☐ No ☐
(Please list by Township, Range, Section and subdivision to the nearest 40 acre parcel.)



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| Location | Dates of Use | BLM, USFS, State or Private |
|----------|--------------|-----------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

- d. **Are you proposing to camp on BLM lands?** Yes ☐ No ☐
Please list all camps that will be used less than 14 consecutive days and indicate land status.

| Location & Facilities | Dates of Use | BLM, USFS, State or Private |
|-----------------------|--------------|-----------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Please list all camps that will be used more than 14 consecutive days and indicate land status.

| Location & Facilities | Dates of Use | BLM, USFS, State or Private |
|-----------------------|--------------|-----------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

- b. **Describe what experiences you will be providing to customers.** (*Skill development, tranquility, adventure*)

4. Recreation Services and Pricing Information:

- a. Please list pricing packages and all services included (i.e. lodging, transportation, meals and additional activities (attach brochures or flyers if available)).



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Example:

| | |
|---------------|---|
| Price | Package information |
| <u>\$1500</u> | <u>Two day elk hunt, airline tickets and overnight lodging included, meals included in price.</u> |

| | |
|-------|---------------------|
| Price | Package information |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

b. Book Keeping Methods:

c. Fee calculation method:

| | | |
|------------------|------------------------|------------|
| Time on/time off | Percentage of BLM Land | Per person |
|------------------|------------------------|------------|

5. Pack and Riding Animals

Do you provide riding horses? Yes ☐ No ☐ Do you provide pack animals? Yes ☐ No ☐

Type(s) available: write in #Horses _____ Mules _____ other _____

Describe how animals are fed, watered, and controlled when on public lands (corrals, tethers, etc.)

6. Transportation:

a. Please list all vehicles used

| Make | Model | Type | Color | License # | State |
|-------|-------|-------|-------|-----------|-------|
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |

b. Will clients be allowed to operate vehicles including ATVs or snowmobiles? Yes ☐ No ☐

c. Are you or your employees trained and certified in ATV operation and use? Yes ☐ No ☐

Please attach a copy of current certifications.



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7. Sanitation:

Toilets (check): Pit ☐ Portable ☐ Chemical ☐ Other ☐

If waste is carried out, please describe method:

Solid waste removal: _____

Liquid waste removal: _____

8. Check safety equipment carried on each trip (indicate the # of each item or check all that apply).

First Aid Kits ☐ First Aid Station ☐ Signaling device ☐

MREs ☐ Fire Extinguisher ☐ Cell Phones ☐

Are you or any of your guides certified in first Aid or CPR? Yes ☐ No ☐

Please attach a copy of current certifications.

9. Persons that are authorized to represent your business: (list the name, address and position of all employees, guides, part time, and full time. Attach another sheet if needed.

| Name | Address | Position |
|-------|---------|----------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

In the past two years have you or any of your company representatives or employees been convicted of a federal, state or local violation in connection with your guide/outfitting operations or associated activities? Yes ☐ No ☐

If so, please explain:

I certify that the information given by me in this application is true, accurate, and complete to the best of my knowledge. I acknowledge that I am required to comply with the requirements and stipulations on form 8370.1 and any additional stipulations that are required by the authorized officer when the permit is issued. I further understand that the provision of false information, or the failure to keep to this Operating Plan or other permit information updated, are grounds for probation, suspension, or revocation of the permit.

Permittee/Applicant

Date



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Estimated Fee Calculations

Annual Revenue

Customer Price(s) _____

Estimated number of clients per year _____

Estimated Annual Gross _____

Fees

Base fee (\$95.00 or 3% gross, whichever is greater) _____

| Time on/time off | Percent of BLM Land | Per person Rate |
|------------------|---------------------|-----------------|
| | | _____ |

Designated site fee (\$190.00 per site) _____

Deductions

Transportation costs _____

Lodging _____

Compensated Trips _____

Permittee Signature: _____ Date: _____

Authorized Officer Signature: _____ Date: _____



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BIG GAME HUNTING DAILY TRIP LOG

Outfitter: _____ Reporting Period: _____

This log is to be submitted with the Post Use Report by January 1, following the reporting year. Include staff in the party size. Base the percent of time on BLM lands on the portion of time that was spent on BLM lands. **Not to be used for the *time off / time on* method.**

| Participant | Hunt area | Gross Income Per/Trip | Dates of Use | Number of Days (a) | Percent on BLM (b) | User days on BLM (a) x (b) |
|-------------|-----------|--------------------------|--------------|--------------------------|--------------------------|-------------------------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Totals: (e) gross income) \$ _____ (f) user days _____ (g) User Days on BLM _____

Enter total (e) on line 1 of the Post Use Report.

Enter totals (f) and (g) in the following calculation: $(g) / (f) \times 100 =$ %

Put the resulting percentage on line 6 of the Post Use Report.